

## ANNUAL PREQUALIFICATION SUBMITTAL FORM (rev 8/12)

The information herein is a statement of facts.	
Name	Signature
Title	Date
FIRM INFORMATION	
B FIRM NAME	DBE (Certified by CT Dept. of Transportation)
TROUT WIND	
YEAR ESTABLISHED	SBE (Certified by CT Dept. of Admin. Services)
TYPE OF BUSINESS	
(CORP, LLC, PC, etc)	BUSINESS ADDRESS
PRIMARY CONTACT	CITY
(for all notifications)	
TITLE	STATE ZIP
PHONE	
	NAME OF PARENT
FAX	COMPANY, IF ANY
Draftsmen Manage Ecologists Mechan	sts Soils Engineers
LICENSES, CERTIFICATIONS and REGISTRATIONS In the spaces below please indicate the number of personnel in your firm that have the appropriate current licenses, certifications and registrations as specified.	
Connecticut Professional Engineer License	Professional Engineer License from States other than Connecticut
Connecticut Architect License	Architect License from States other than Connecticut
Connecticut Licensed Environmental Professional (LEP)	Licensed Environmental Professional from States other than Connecticut
Connecticut Asbestos Consultant-Project Monitor License	Connecticut Asbestos Consultant-Inspection/Management Planner License
Connecticut Asbestos Consultant-Project Designer License	Hazardous Materials Manager Certification
Industrial Hygienist Certification	Connecticut Lead Inspector Certificate
Connecticut Lead Planner/Project Designer Certificate	Asbestos Analyst Registration
Connecticut Lead Inspector/Risk Assessor Certificate	NICET Highway Construction Certification (Level II or above)
AWS Welding Inspector Certification (CWI)	SSPC Bridge Coating Inspector Certification (BCI)
NACE Coatings Inspector Certification	

PLEASE NOTE THAT CURRENT AND VALID COPIES OF <u>CORPORATE AND INDIVIDUAL</u> LICENSES FROM THE APPROPRIATE CONNECTICUT LICENSING BOARDS MUST BE INCLUDED IN YOUR SUBMITTAL, AS WELL AS THE APPROPRIATE LICENSES, CERTIFICATIONS AND REGISTRATIONS OF KEY PERSONNEL FOR THE CATEGORIES BEING REQUESTED FOR PREQUALIFICATION.